FORM 1

## STATEMENT OF ORGANIZATION

FEC MAN CENTER

FORM 1	OKOANIZATIO	~ <b>`</b>	ama da ama
1. NAME OF COMMITTEE (in	-	nple:If typing, type 12FE41 the lines.	Office Use Only M5
Santa Ba	rbara County Republica	an Party (Fed	pral Acct)
ADDRESS (number at	nd street) 3887 State St	- ,#11	:
▼ (Check if ac is changed)	idress L	. CA	93/05 -
COMMITTEE'S E-MA	CITY A  ALL ADDRESS  BRIDGE CVE	STATE A	ZIP CODE ▲
<u>:</u>			
Santa Be			
3. FEC IDENTIFIC	COO(7	74334	
4. IS THIS STATEM	MENT NEW (N) OR	AMENDED (A)	
Type or Print Name of Signature of Treasure	ARX "	ge_ Date	05 16 2007
1-0	ANY CHANGE IN INFORMATION SHOU		YS.
Office Use Only		For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2003)

6.

	FEC For	m 1 (Revised 02/2003)					Page 2
5.	TYPE OF CO	OMMITTEE (Check One	)				
	(a)	This committee is a p	rincipal campaign	n committee. (Comp	lete the candidate	information below.	)
	(b)	This committee is an information below.)	authorized comm	nittee, and is NOT a	principal campaig	n committee. (Con	nplete the candidate
	Name of Candidate	<u> </u>		<u> </u>	l i i .	<u>;</u>	<u>:</u>
	Candidate Party Affiliatio	П	Office Sought:	House	Senate	President	State District
	(c)	This committee suppo	rts/opposes only	one candidate, and	is NOT an autho	rized committee.	
	Name of Candidate	<u>;</u> ;;;	<u> </u>	<u>:                                    </u>	<u> </u>	<del>.</del>	<u></u>
	(d) <b>X</b>	This committee is a	SUB	(National, State or subordinate) c	ommittee of the	REP	(Democratic, Republican, etc.) Party.
	(e)	This committee is a s	eparate segregal	ted fund.			
	(f)	This committee suppo committee.	rts/opposes mor	e than one Federal	candidate, and is	NOT a separate s	egregated fund or party
6.	Name of Any	Connected Organizat	ion or Affiliated	i Committee			
[.	Califo.	rnia Repu	blican	Party		: ! ! :	
l		<u>' . i</u>				!	
	Mailing Address 1908 W. Magnalla Blvd.						
					!		
		BY	irbank	<u> </u>	L. <u></u>	CA 91	506]-[
				CITY A	S	TATE A	ZIP CODE ▲
	Relationship	Affiliat	ed Staf	e Party C	ommi He	<u>e</u>	<u> </u>
Type of Connected Organization:							
	Согре	oration	Ce	orporation w/o Capit	al Stock	Labor Organ	nization
	Memi	bership Organization	Tra	ade Association		Cooperative	

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FEC Form 1 (Revise			Page 3
Write or Type Committee Na	ime		
Custodian of Records: books and records.	dentify by name, address (phone number optiona	and position of the perso	n in possession of committee
Full Name	Eve Bridge		<del></del>
Mailing Address	1013 Gardenia Av		:
	Lampoici	<u>CA</u>	934361-
Title or Position▼	CITY A	STATE A	ZIP CODE ▲
Treasurer		ephone number 180	5-1588-12809
any designated agent (e.	<u>.</u>	asurer of the committee; and	d the name and address of
of Treasurer	eve Bridge	· 1	:
Mailing Address	1013 Gardenia A	٧٤٠	<u> </u>
	Lompor	<u> </u>	93\36  -L
Title or Position▼	CITY A	STATE ▲	ZIP CODE A
Treasurer	Tele	ephone number   80	5-588-2809
Full Name of Designated Agent	. : 1 ! !		
Mailing Address	<u> </u>		: ! i
	<u> </u>	. <u></u>	
	! ! ! !		······································
Title or Position▼	CITY ▲	STATE ▲	ZIP CODE ▲
[i		ephone numberi	

ZIP CODE ▲

Banks or Other Depo safety deposit boxes or Name of Bank, Deposi		ommittee deposits funds	, holds accounts, rents
M	id-State Bank		
Mailing Address	PO BOX 6002		
	<u> </u>	1	:_ <b> </b>
	Arroyo Grande	_ CA 19	3421-
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Deposi	lory, etc.		
<u></u>	<u> </u>		<del></del>
Mailing Address			. ; i
		1	1 1

 $\mathsf{CITY} \; \blacktriangle$ 

STATE lacktrian

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to Indi	IING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 5/11/27
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Co	onfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	-
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
W.	5/22/07
PREPARER	DATE PREPARED